

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

---

Small PHA Plan Update  
Annual Plan for Fiscal Year: **2002**

**Smithfield Housing Authority**  
**Smithfield, North Carolina**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** SMITHFIELD HOUSING AUTHORITY

**PHA Number:** NC040

**PHA Fiscal Year Beginning: (mm/yyyy) 07/2002**

**PHA Plan Contact Information:**

Name: Mr. Warren L. Grimes

Phone: 919/934-0491

TDD:

Email (if available): shagrimes@mindspring.com

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA  
☐ PHA development management offices  
☐ Other (list below)

**PHA Programs Administered:**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

# Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

## i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

<b>Contents</b>	<u><b>Page #</b></u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	3
ii. Annual Plan Information	1
iii. Table of Contents	2
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	3
2. Capital Improvement Needs	3
3. Demolition and Disposition	4
4. Homeownership: Voucher Homeownership Program	5
5. Crime and Safety: PHDEP Plan	5
6. Other Information:	6
A. Resident Advisory Board Consultation Process	6
B. Statement of Consistency with Consolidated Plan	6
C. Criteria for Substantial Deviations and Significant Amendments	7
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment <b>A</b> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <b>B</b> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <b>C</b> : Capital Fund Program 5 Year Action Plan	
<input checked="" type="checkbox"/> Attachment <b>D</b> : Fiscal Year 2001 Capital Fund Program Performance and Evaluation Report	
<input checked="" type="checkbox"/> Attachment <b>E</b> : Fiscal Year 2000 Capital Fund Program Performance and Evaluation Report	
<input type="checkbox"/> Attachment: Capital Fund Program Replacement Housing Factor Annual Statement ( <b>Not Applicable</b> )	
<input type="checkbox"/> Attachment: Public Housing Drug Elimination Program (PHDEP) Plan ( <b>Not Applicable</b> )	
<input checked="" type="checkbox"/> Attachment <b>F</b> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <b>G</b> : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) ( <b>No comments received</b> )	
<input checked="" type="checkbox"/> Attachment <b>H</b> : Deconcentration & Income Mixing	

- ☒ Attachment **I**: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments
- ☒ Other (List below, providing each attachment name)  
Attachment **J** – Brief Statement of Progress in Meeting the 5 Year Mission and Goals

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

**This section is left blank because it is optional.**

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**There have been no changes in policies or programs for year 2002, other than those required by regulations such as additional attachments.**

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **356,159.00**
- C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
- D. Capital Fund Program Grant Submissions
- (1) Capital Fund Program 5-Year Action Plan**  
The Capital Fund Program 5-Year Action Plan is provided as Attachment **C**
- (2) Capital Fund Program Annual Statement**  
The Capital Fund Program Annual Statement is provided as Attachment **B**

### 3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

#### 2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year?
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_

(Per HUD regulations, PHDEP is no longer applicable)

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **(State of North Carolina)**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

**To provide safe, sanitary and decent housing to prospective residents. To work with other housing agencies to provide economic opportunities for prospective residents, and to work with other housing agencies within the jurisdiction.**

☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**To provide safe, sanitary and decent housing. To assist the PHA in providing economic opportunities to its residents and to work with other housing agencies to provide housing to prospective, eligible residents.**

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

#### B. Significant Amendment or Modification to the Annual Plan:

**Smithfield Housing Authority**



## **Definition of “Substantial Deviation” and “Significant Amendment or Modification”**

The Smithfield Housing Authority, to meet the requirement of Final Rule 903.7(r) and PIH 99-51, pertaining to “Substantial Deviation” and “Significant Amendment or Modification,” offers the following:

- A. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan.
- B. Changes to rent or admissions policies or organization of the waiting list.
- C. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- D. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency’s financial situation will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.

# Smithfield Housing Authority

## Attachment A

### Fiscal Year 2002 Agency Plan

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)  <b>Results of RASS do not indicate a need for a Follow Up Plan</b>	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional)	(specify as needed)
X	<b>Deconcentration Calculations</b>	
X	<b>Voluntary Conversion Analysis</b>	

## AttachmentB

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> <b>Smithfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>NC19P04050102</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <div style="text-align: center; font-weight: bold;">2002</div>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	343,900			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	368,900			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> <b>Smithfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>NC19P04050102</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <b>2002</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

[illegible]



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## AttachmentC

### CapitalFundProgramFive -YearActionPlan

#### PartI:Summary

PHAName: <b>Smithfield HousingAuthority</b>				<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>	
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant: <b>2003</b> PHAFY: <b>7/1/03</b>	WorkStatementforYear3 FFYGrant: <b>2004</b> PHAFY: <b>7/1/04</b>	WorkStatementforYear4 FFYGrant: <b>2005</b> PHAFY: <b>7/1/05</b>	WorkStatementforYear5 FFYGrant: <b>2006</b> PHAFY: <b>7/1/06</b>
NC040-002,Edgerton Court	Annual Statement	368,900	368,900	368,900	356,159
CFPFundsListedfor 5-yearplanning		368,900	368,900	368,900	356,159
ReplacementHousing FactorFunds					

## CapitalFundProgramFive -YearActionPlan PartII:SupportingPages 6 WorkActivities

[illegible]

## Capital Fund Program Five - Year Action Plan Part II: Supporting Pages of Work Activities

ActivitiesforYear: 4 FFYGrant: 2005 PHAFY: 7/1/05			ActivitiesforYear: 5 FFYGrant: 2006 PHAFY: 7/1/06		
Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
NC040-002, EdgertonCourt	Replace:	368,900	NC040-003,Marrow CourtandWilkinsCourt	Replaceheatingsystems	356,159
	Doors,windows			Replacekitchencabinets	
	Heatingsystem			Coverwoodexterior withvinyl	
	KitchenCabinets			Replacefloortile	
	Upgradeelectrical			Landscaping	
	Upgradeplumbing			Dryerconnections	
	Storagesheds				
	Coverexteriorwood& overhangsw/vinyl				
	Replacescreendoors				
	Replacegrabbars				
	Replacehandrails				
TotalCFPEstimatedCost		\$368,900			\$356,159

## AttachmentD

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> <b>Smithfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>NC19P04050101</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>12/31/01</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000		25,000	15,000
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000		-0-	-0-
10	1460 Dwelling Structures	256,159		-0-	-0-
11	1465.1 Dwelling Equipment —Nonexpendable				
12	1470 Non dwelling Structures	25,000		-0-	-0-
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>356,159</b>		<b>25,000</b>	<b>15,000</b>

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> <b>Smithfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>NC19P04050101</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>12/31/01</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Smithfield Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>NC19P04050101</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	<b>FEES &amp; COSTS</b>	1430		<b>25,000</b>		25,000	15,000	
	<b>SITE IMPROVEMENTS:</b>							
NC040-002	Replace water distribution system.	1450		<b>50,000</b>		-0-	-0-	
	<b>DWELLING STRUCTURES:</b>	1460		<b>256,159</b>		-0-	-0-	
NC040-001	Replace roofing system		50 units					
NC040-002	Replace bi-fold closet doors		35 units					
NC040-003	Replace kitchen cabinets at Wilkins Ct.		22 units					
PHAWIDE	<b>NON-DWELLING STRUCTURES:</b>	1470		<b>25,000</b>		-0-	-0-	
	Remodel Community Room & Office Space for Administration							
	<b>GRAND TOTAL</b>			<b>356,159.</b>		<b>25,000</b>	<b>15,000</b>	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]



## AttachmentE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> <b>Smithfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>NC19P04050100</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>12/31/01</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,766	32,200	32,200	13,967.56
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	335,695	318,261	37,648	37,648.00
11	1465.1 Dwelling Equipment —Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 –20)	<b>350,461</b>	<b>350,461</b>	<b>69,848</b>	<b>51,615.56</b>

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> <b>Smithfield Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>NC19P04050100</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2000</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:    12/31/01</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Smithfield Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>NC19P04050100</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	<b>FEES &amp; COSTS</b>	1430		14,766	32,200	32,200	13,969.56	
NC040-001	<b>DWELLING STRUCTURES:</b>	1460	16 units	335,695	318,261	37,648	37,648.00	
	Continueremodelingofunitsthatbegan in1992,whichincludes:							
	Installgasfiredhydronicheating system							
	Replaceentranceandcreendoors							
	Replacehardware							
	Replaceinteriordoors							
	Patch&repaintinteriorwalls							
	Upgradeelectricalsystem							
	Replacekitchencabinets							
	Etc.							

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

**Required Attachment F: Resident Member on the PHA Governing Board  
Smithfield Housing Authority  
Fiscal Year 2002 Annual Plan**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

**Laura S. Harvey**

B. How was the resident board member selected: (select one)?

☐ Elected

X Appointed

C. The term of appointment is (include the date term expires): **10/20/99 to 10/20/04**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of governing board member: **10/20/02**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**William H. Jordan, Jr., Mayor City of Smithfield**

## **Required Attachment G: Membership of the Resident Advisory Board or Boards**

**Smithfield Housing Authority  
Fiscal Year 2002 Annual Plan**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

### **Resident Advisory Board**

**Annie Richardson  
Robert Jones  
Louise Sanders  
David Windham  
Margaret Lassiter  
Ronald Price**

### **Board of Commissioners**

**Claud L. Dunn, Chairman  
John N. Causey, Vice -Chairman  
Sarah W. Sellers  
Alberta F. Sanders  
Laura S. Harvey**



## Required Attachment H: Deconcentration and Income Mixing

Smithfield Housing Authority  
Fiscal Year 2002 Annual Plan

### Component 3, (6) Deconcentration and Income Mixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Smithfield Housing Authority has three (3) general occupancy developments covered by the deconcentration rule. The average incomes at these developments is between 86% and 108% of the average incomes of all such required developments.

The required analysis is a Supporting Document to this Annual Plan.



## **Required Attachment I: Voluntary Conversion Initial Assessments Component 10(B)**

**Smithfield Housing Authority  
Fiscal Year 2002 Annual Plan**

### **Component 10(B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA's developments are subject to the Required Initial Assessments?

**3**

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

**1**

- c. How many Assessments were conducted for the PHA's covered developments?

**3**

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

<b>Development Name</b>	<b>Number of Units</b>
<b>None*</b>	

**\*None of the developments owned and operated by the Smithfield Housing Authority have been determined to be appropriate for conversion.**

**The Required Initial Assessment is a Supporting Document to this Annual Plan and was previously submitted to HUD.**

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **Not Applicable**

## **Required Attachment J: Brief Statement of Progress in Meeting the 5 -Year Mission and Goals**

### **Smithfield Housing Authority Fiscal Year 2002 Annual Plan**

Our 5 -year plan adopted the mission statement “to ensure safe, decent and affordable housing; create opportunities for residents’ self -sufficiency and economic independence; and assure fiscal integrity in all programs administered.”

Listed below are a few of the goals we established to help us fulfill our mission statement and our progress in accomplishing those goals:

- 1. Expand the supply of assisted housing by applying for additional rental vouchers and reducing public housing vacancies.**
  - a. We have not applied for any rental vouchers as of this date. We refer applicants wanting vouchers to the Section 8 programs managed by Johnston County and the Selma Housing Authority, both of which are in our immediate geographic area.
  - b. We have worked hard to reduce the time between move outs and having a unit ready to re-rent. Our average time for smaller units (1 – 2 bedrooms) is 2 days and for larger units (3 – 4 bedrooms) 4 days. We maintain a sufficient waiting list such that the units are rented as soon as they are ready. We consistently maintain a 98% to 99% leased up rate.
  
- 2. Improve the quality of assisted housing by improving housing management and renovating older units.**
  - a. Our management scores (PHAS) are consistently high and we are rated a “High Performing Housing Authority”. We enroll in many of the housing management training seminars and workshops offered throughout the year for all levels of our staff – administrative and maintenance.
  - b. We combined our 2000 & 2001 CFP funds into one modernization project that we have just awarded. There will be substantial modernization done on 16 units. Also there will be a new water system installed in one entire elderly project.
  
- 3. Provide an improved living environment by assuring income mixing and maintaining security measures.**
  - a. The income mix at all of our sites is within HUD established parameters.
  - b. We have continued to provide a community police officer through an agreement with the Town of Smithfield Police Department. As a result of this program, the housing authority has one of the lowest crime rates of any area in the Town of Smithfield.

**4. Promotes self-sufficiency of assisted households by providing programs to improve the employability of residents and increasing the percentage of employed persons in assisted families.**

- a. There are many organizations in the community that offer educational and job training opportunities. Rather than duplicating their efforts, we refer our undereducated and unemployed tenants to these organizations. The biggest challenge is to convince the tenants to take advantage of these programs rather than just look for a handout.

Overall we have done a good job following and meeting the goals of our 5-year plan. We are confident that our progress will continue in the future.